MARYLAND STATE DEPARTMENT OF HEALTH

09904

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons X — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allen X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Alfred~~ (Middle) F (Last) Brooks (Brooks)

4. DATE OF DEATH (Month) 10 (Day) 12 (Year) 1953

5. SEX M — 6. COLOR OR RACE C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH 11/8/25 — 9. AGE last birthday 27 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oysterman — 10b. KIND OF BUSINESS OR INDUSTRY Oysters — 11. BIRTHPLACE (State or foreign country) Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Baltimore Brooks — 14. MOTHER'S MAIDEN NAME Rosina Busico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES — 16. SOCIAL SECURITY No. 220-16-4889 — 17. INFORMANT AND ADDRESS Ed Bishop, Olivet Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowns

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell off boat when rope hope

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Pat. Prince — (CITY OR TOWN) Solomons (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 10 (Day) 12 (Year) 53 (Hour) 1130A m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? Fell off boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H. Ward (Degree or title) D M Z — ADDRESS Olivet Md — DATE SIGNED 10/12/53

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF 10-14-53 — NAME OF CEMETERY OR CREMATORY Eastern Chapel — LOCATION (City, town, or county) Calvert, (State) Md

DATE REC'D BY LOCAL REG. 10-13-53 — REGISTRAR'S SIGNATURE H. W. Ward — 24. FUNERAL DIRECTOR P. Z. Seewell — ADDRESS Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09905

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) St. Leonards
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards Md. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A. (Last) Brooks

4. DATE OF DEATH: (Month) 10 (Day) 5 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: C

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH: Jan 13,

9. AGE Last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Carpenter.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Brooks.

14. MOTHER'S MAIDEN NAME: Kate Brooks.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no,) or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Loretta Parran. St. Leonards. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of Prostate.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1952, to 10/5, 1953, that I last saw the deceased alive on 10/4, 1953, and that death occurred at 2 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Huntingtown Md 10/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10-8-53 NAME OF CEMETERY OR CREMATORY Brooks Chapel LOCATION (City, town, or county) (State) Calvert Co. Md

DATE REC'D BY LOCAL REGISTRAR 10-7-53 REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md.

RECEIVED
OCT 9 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09907

# CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ray (Middle) (Last) Chase

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 3, 195

9. AGE Last birthday: yrs. IF UNDER 1 YEAR Months Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince Frederick, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Johnson

14. MOTHER'S MAIDEN NAME: Laire Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laire Chase. Huntingtown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

757.3
Immediate cause (a) — Uremia

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Congenital malformation ?
DUE TO (c) Kidney - Hypoplasia

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1953, to Oct 13, 1953, that I last saw the deceased alive on 10/13/53, and that death occurred at 8:a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Edw Adams 5t Leonard 10/13

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10-14-53 NAME OF CEMETERY OR CREMATORY Patuxent LOCATION (City, town, or county) Huntingtown (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-13-53 REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR ADDRESS P.E. Sewell Prince Frederick, Md

2003161403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
OCT 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09906

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ovinj X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby Girl (Middle) Coates (Last)

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 10/13/53
9. AGE last birthday: 33 hrs yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aaron Coates
14. MOTHER'S MAIDEN NAME: Martha Hunter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death 33 hrs

754.3

Immediate cause (a) Patent Foramen Ovale

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead when time to feed it

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/13, 1953, to 10/14, 1953, that I last saw the deceased alive on 10/14, 1953, and that death occurred at 5:30 pm, from the causes and on the date stated above.

SIGNATURE H W Ward (Degree or title) Ovinj ADDRESS Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10-16-53 NAME OF CEMETERY OR CREMATORY St Edmonds LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-16-53 REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Fred, Md

200334 0304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 21 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09908

# CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) L. (Last) Cranford

4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1953

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 11/28/1865

9. AGE last birthday 87 yrs. If under 1 year Months 11 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Owner

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Franklin Cranford

14. MOTHER'S MAIDEN NAME Eliza Wilburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Mrs. Stewart Gibson, Huntingtown, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Hypertensive cardiovascular renal disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1938, to 10/8, 1953, that I last saw the deceased alive on 10/7, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE J. J. Weemans (Degree or title) ADDRESS Huntingtown Md DATE SIGNED 10/9/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF ~~10/10~~ 10/10/53

NAME OF CEMETERY OR CREMATORY Huntingtown Cemetery

LOCATION (City, town, or county) Huntingtown (State) Md.

DATE REC'D BY LOCAL REG. 10/9/53

REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm H. Hutchins, ADDRESS Owings, Md.

RECEIVED
OCT 15 1953
BUREAU V. S.

09909

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dares Beach X
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —— X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dares Beach X
STREET ADDRESS (If rural give location) ——

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Currin (Last) Daniel

4. DATE OF DEATH: (Month) Oct. (Day) 3, (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: April 12, 1904
9. AGE last birthday: 49 yrs. If under 1 year: Months 3 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Distributor
10b. KIND OF BUSINESS OR INDUSTRY: Oil Distributor
11. BIRTHPLACE (State or foreign country): Richmond, Va 43
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Currin Daniel
14. MOTHER'S MAIDEN NAME: Blanche Hurt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Agnes B. Daniel - Dares Beach, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Coronary embolism
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fellow a claim dead

19a. DATE OF OPERATION: —— 0
19b. MAJOR FINDINGS OF OPERATION ——
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ——
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. ——
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19 ——, to ——, 19 ——, that I last saw the deceased alive on ——, 19 ——, and that death occurred at 430 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. W. Ward D. V. E. ADDRESS Irving Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 6, 1953
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Richmond, Va

DATE REC'D BY LOCAL REGISTRAR 10/5/53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co[illegible] age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09910

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Warren (Middle) (Last) Fowler

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: ?

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Fowler

14. MOTHER'S MAIDEN NAME: Annie Beverly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Martin Brightwell - Pr. Frederick, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardio vascular renal dis. — Interval Between Onset And Death: 5 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28, 1953, to 10/1, 1953, that I last saw the deceased alive on 9/27, 1953, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 3, 1953 — NAME OF CEMETERY OR CREMATORY Wesley Cemetery — LOCATION (City, town, or county) (State) Prince Frederick, Md

DATE REC'D BY LOCAL REGISTRAR 10-2-53 — REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son, Mutual, Md. — ADDRESS

VS. AD 7

RECEIVED
OCT 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09911

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY Colvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Leonards
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby md.
STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) Marie (Middle) (Last) Gross.

**4. DATE OF DEATH:** (Month) (Day) (Year) 10 — 3rd — 1953

**5. SEX:** F

**6. COLOR OR RACE:** C

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):**

**8. DATE OF BIRTH:** Nov 23rd.

**9. AGE last birthday:** 41 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): House Wife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** George Taylor

**14. MOTHER'S MAIDEN NAME:** Ella Henson.

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY No.:**

**17. INFORMANT & ADDRESS:** Holsie Gross. Lusby, Md.

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** 0

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 19 53, to 10/3, 19 53, that I last saw the deceased alive on 10/3, 19 53, and that death occurred at 2 P.M. from the causes and on the date stated above.

SIGNATURE R.W. Ward (Degree or title) ADDRESS DATE SIGNED

**23. BURIAL, CREMATION, REMOVAL** (Specify) | DATE THEREOF 10-6-53 | NAME OF CEMETERY OR CREMATORY St Johns | LOCATION (City, town, or county) Calvert (State) md

DATE REC'D BY LOCAL REGISTRAR 10-8-53 | REGISTRAR'S SIGNATURE R.W. Ward

**24. FUNERAL DIRECTOR** P.E. Sewell Prince Fred. md. ADDRESS

RECEIVED
OCT 9 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09912

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Fredrick
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) (Last) Holland
4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1953

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH:
9. AGE last birthday: 31 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Tom Holland
14. MOTHER'S MAIDEN NAME: Irene Giles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes
16. SOCIAL SECURITY No.: 218-14-3380
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X

Immediate cause (a) Hemorrhage of chest following
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gun shot wound
DUE TO
(c)

Interval Between Onset And Death: 1 hr

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. First shot missed. Second entered the left chest above nipple line

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Owing (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 10 (Day) 14 (Year) 53 (Hour) 6 p m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Shot gun wound

22. I hereby certify that I attended the deceased from ....., 19.... to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 6.50 p m, from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) M. T. ADDRESS Owing Md DATE SIGNED 10/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-17-53
NAME OF CEMETERY OR CREMATORY Mt Hope
LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-16-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Seevell ADDRESS Prince Fred, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
OCT 21 1953
BUREAU V. S.

Film 159- Item 4 & 20. 11-9-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

09214

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Calvert; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; LENGTH OF STAY (In this city); HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; STREET ADDRESS (If rural, give location) Prince Frederick Md.

3a. NAME OF DECEASED (First) BABY (Middle) BOY (Last) JOHNSON

4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 1953

5. SEX Male

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 10-14-53

9. AGE last birthday yrs. | If under 1 year: Months | Days 2 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Richard Johnson

14. MOTHER'S MAIDEN NAME Susie Washington.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

### 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Foetal Atelectasis

762.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph A. Jachimczyk M.D. 700 Fleet St. 10-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 10-18-53 | NAME OF CEMETERY OR CREMATORY Brooks Chapel | LOCATION (City, town, or county) Island Creek (State) Md.

DATE REC'D BY LOCAL REG. 10-17-53 | REGISTRAR'S SIGNATURE K. W. Ward.

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md

VS-A15A

2003256407

RECEIVED
OCT 21 1953
BUREAU V. S.

Film #G-158 Item No.7 10/20/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09913

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick X
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dowell X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Amelia (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: November 7, 1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Lock
14. MOTHER'S MAIDEN NAME: Eleanor Spriggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ethan Allen Johnson - Dowell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

455X

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Toxemia - gangrene left leg

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: SEPT 19
19b. MAJOR FINDINGS OF OPERATION Amp. of left leg
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT, 1953, to Oct 11, 1953, that I last saw the deceased alive on 10/11, 1953 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams
ADDRESS St Leonard
DATE SIGNED 10/13/53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 10-14-53
NAME OF CEMETERY OR CREMATORY St John's
LOCATION (City, town, or county) Calvert, (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-15-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09915

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) Huntingtown

3. NAME OF DECEASED: (Type or Print) (First) Carroll (Middle) S (Last) Jones
4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1953

5. SEX: m
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 4-19-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 6 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: James Jones
14. MOTHER'S MAIDEN NAME: Cosrena Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Cosrena Jones

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

571.0

Immediate cause (a) Dehydration

Antecedent causes (s) Disesses or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Acute gastro-enteritis

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/26, 1952, to 15/20, 1953, that I last saw the deceased alive on ....., 19....., and that death occurred at 6:45 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Ed Williams MD ADDRESS St Leonard DATE SIGNED 15/27.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-27-53
NAME OF CEMETERY OR CREMATORY Young Chapel
LOCATION (City, town, or county) (State) Huntingtown, md.
DATE REC'D BY LOCAL REGISTRAR 10-27-53
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell ADDRESS Prince Frederick, md

2043151403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 29 1953
BUREAU V. S.

09916

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Scientist Cliffs — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE — COUNTY: V-483
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 630 F St N.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): GEORGE EVERETT MARSH
4. DATE OF DEATH (Month) (Day) (Year): Oct. 16th 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5/6/1877
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mech. Eng.
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Colorado 05
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Marsh
14. MOTHER'S MAIDEN NAME: Frances Crosby.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Rosemary L. Marsh 630 F St NE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1953, to 10/16, 1953, that I last saw the deceased alive on Oct 16, 1953, and that death occurred at 7:P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: S. Thomas — DATE SIGNED: 10/17

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 10/20/53 — NAME OF CEMETERY OR CREMATORY: Oak Hill — LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG.: 10/16/53 — REGISTRAR'S SIGNATURE: H. W. Ward — 24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 517 11th St SE

VS. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09917

# CERTIFICATE OF DEATH

Reg. Dist. No. 51

**1. PLACE OF DEATH:**
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X
LENGTH OF STAY (in this place) 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital 20

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick X
STREET ADDRESS (If rural give location)

**3. NAME OF DECEASED:** (Type or Print) (First) ~~Fred~~ (Middle) Edward F. (Last) Moore

**4. DATE OF DEATH:** (Month) October (Day) 19 (Year) 1953

**5. SEX:** Male
**6. COLOR OR RACE:** White
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed
**8. DATE OF BIRTH:** October 17 1880
**9. AGE last birthday:** 73 yrs. IF UNDER 1 YEAR Months 0 Days 2 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): Water Well Digger
**10b. KIND OF BUSINESS OR INDUSTRY:** Wells
**11. BIRTHPLACE** (State or foreign country): Prince Frederick, Md.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Thomas F. Moore
**14. MOTHER'S MAIDEN NAME:** Addie Fowler

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service) No
**16. SOCIAL SECURITY NO.:** No
**17. INFORMANT & ADDRESS:** Ethel Brady. Huntingtown, Md.

**18. MEDICAL CERTIFICATION**

**1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

140X

Immediate cause (a) Metastatic carcinoma — Interval Between Onset And Death: 6 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of lip — 2 yrs.

DUE TO (c)

**II. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** 0
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** Yes ☐ No ☑

**21. ACCIDENT SUICIDE HOMICIDE** (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Oct, 1953, to 19 Oct, 1953 that I last saw the deceased alive on 19 Oct, 1953, and that death occurred at 2 15 PM, from the causes and on the date stated above.

SIGNATURE John L. Hedeman (Degree or title) M.D. ADDRESS Prince Frederick, Md. DATE SIGNED 19 Oct. '53

**23. BURIAL, CREMATION, REMOVAL (Specify)** Burial
DATE THEREOF Oct. 23, 1953
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) Prince Frederick, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 10-22-53
REGISTRAR'S SIGNATURE H. W. Ward
**24. FUNERAL DIRECTOR** A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

09918

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) North Beach X
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Les (Middle) Franklin (Last) Wise

4. DATE OF DEATH: (Month) 10 (Day) 31 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 27 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Lee Franklin

14. MOTHER'S MAIDEN NAME: Katherine Neuland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Clyde C. Wise 3209 13th Rd. Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary embolism

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 7

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found dead in his home sitting in a chair

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 10 A.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard D. Wise, Coroner ADDRESS Md DATE SIGNED 10/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/4/53

NAME OF CEMETERY OR CREMATORY Arlington National Cem.

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR Nov. 1, 1953

REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Lee Funeral Home ADDRESS 4th + Mass. Ave. N.E. Washington, D.C.

VS. A1

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BUREAU V. S.